Professor (00-01)

Approved for use through 7/31/2009; OMB 0851-0002

U.S. Peterd and Teademark Office; U.S. OEPARTMENT OF CONSURRE
to a collection of internation arrives it displays a wald OMB control number.

N. RECORD Under the Paperwork Reduction Act of 1995, no persons are count aid to respond to a o PATENT APPLICATION FEE DETERMINATION RECORD Adolfordism or Doctors Novel Substitute for Form PTO-875 09/518048 CLAIMS AS FILED - PART ! OTHER THAN 21-05 OR (Cotumn 1) (Column 2) SMALL ENTITY SMALL ENTITY FOR MUMBER FILED HUNGER EXTRA RATE RATE FEE BASIC FEE CO COR LINGUI OR TOTAL CLAMS GT OFR 1.16(c) otrus 32 57 O × œ X S DEPENDENT CLAIMS OF CFR 1,1500 3 alan I : D X S OR × S • MALTPLE DEPOSIDENT CLASS PRESENT (37 CFR 1.18(d)) 0 O Œ ' if the difference in column 1 is less than zero, order "V" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART () 4-17-06 OTHER THAN OR (Column 1) (Cotumn 2) (Cotumn 3) SMALL ENTITY SMALL ENTITY HIGHEST NUMBER PREVIOUSLY ⋖ REMADORG PRESENT ADD1 RATE ADDI-TIONAL AFTER EXTRA TIONAL PAD FOR AMENDMENT Æ ENDM Total CP CPR LURGO 16 **CR** (D' CFR 1.10) 3 0 ¥ 6 OR X S FIRST PRESENTATION OF MALTPLE DEPENDENT CLAIM GOT OFR LINEAR Λ OR +9 TOTAL TOTAL ٥ ADD'L FEE ADD'L FEE 1-17-07 (Cohemn 1) (Cotumn 3) HUMBER CIANG ADDI 8 REMANING PRESENT VRATE RATE ADDI-TIONAL 눌 PREVIOUSLY PAID FOR AFTER EXTRA TION FEE Total **FENDA** 10 57 OF O'R LEGG X S QR. X S Minus Endependent CIF CFR L. Hapa X S OR X S FRET PRESENTATION OF MALTERS DEPENDENT CLASH (07 CFR L1000) OR +8 TOTAL TOTA ADDL/EE OR ADD'L FEE (Column 1) (Cotumn 2) (Column 3) CLAIMS REMADENG HOGHEST NUMBER PRESENT ADOI-TIONAL RATE RATE ADDI-TIONAL PREVIOUSLY AFTER EXTRA THEMOMENT PAID FOR FEE FEE Total (37 CPR L. NO(3) * * OR 刕

desperators (SF CFR LTROS X S œ. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DECFR 1.1000) OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE

If the entry in column 1 is less than the entry in column 2, write "U" in column 3.

"If the Yeighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the Yeighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Yeighest Number Previously Paid For" (Total or Independent is the highest number bound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to extent or rectin a benefit by the positio which is to like (and by the USPTO, three will september to complete that 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. The will vary depending upon the installated case. Any comments on the amount of time you seques to complete this form and/or suggestations for reading this burden, chough be cent to the Circle information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450, DO HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TD: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22318-1450.